ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-6
County Harkord	Registration Dist. No. 16
Village or City See See V. Length of residence in city or town where death occurred #Q_yrs, # _mo	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds., How long In U.S. if of foreign birth? yrs. mos. ds.
m m +1 11	
2. FULL NAME / Y/M / Y/MTLL Wa	MICO If U. S. Veteran, specify WAR.
(a) Residence: No. (1) LI LUVU UNE. (Usual place of abode)	St., Ward.  If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Movember 30, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of George A. adams.	22. I HEREBY CERTIFY, That I attended deceased from 1934, to Nova 30 1936
6. DATE OF BIRTH (month, day, and year) Suly 28 18 96	I last saw her alive on Nov 30 , 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, et \$30 P.m.
40 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were politions:
8 Trade profession or particular	myseculities chronic/ Date of onset
SAWYER, BOOKKEEPER, etc.	- Swadion , five years. Cuyson
kind of work done, as SPINNER, Aswer SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	
O 10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12.	
12. BIRTHPLACE (city or town) Uberdeen	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Wilford M. Car.  14. BIRTHPLACE (city or town) Baltimore Co.,	
14. BIRTHPLACE (city or town) Baltimore Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & la B. Parter  16. BIRTHPLACE (city or town) Baltimore Con-	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Baltimore Co.	Accident, suicide, or homicide? Date of injury, 19
E (State or country) maryland	Where did injury occur?
17. INFORMANT Me. Glorge B adams (Address) & Let deen mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vallero Chuelleyoate Nec. 2, 1936	2. Nature of injury
19. UNDERTAKER Thenry Tarring & Sous	24. Was disease or injury In any way related to occupation of deceased? 100
(Addiess) Oberdeen Ind.	If so, specify
20. FILED 2 2 , 1936 0 6 Michael	(Signed) M. D.
Registrar.	(Address) — Et Westelle Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1935 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
V. 5.1927	Peritonitis	3 days ago
:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis

B.

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V. S. No. 1

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	RECORD, Every	. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
1	HIS	be	pe	of
JAKGIN KESEKVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every is	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
	E PLAINLY	should be ca	OF DEATE	s very impor
4	-WRIT	mation	CAUSE	TION i

should state item of infor-

OCCUPA-

1. PLACE O County\_\_\_s Village or (

2. FULL NA (a) Resider PERSON

male 5e. If merried, widov HUSBAND of (or) WHFE of

6. DATE OF BIRTH

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(State or country)

(State or country)

13. NAME

17. INFORMANT \_\_\_

(Address)

19. UNDERTAKER

20. FILED \_\_\_\_ 2

(Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11497
County of far farl	93-0
	Registration Dist. No. 184
Village or City White ford  Length of residence In city or town where death occurred 5.7 yrs. 5 mo	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  If we have long in U.S. if of foreign birth?yrsmosds.
FULL NAME Peter a. Barre	XI-
(a) Residence: No. White find middle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  The state of the st	21. DATE OF DEATH  (Month)  (Day)  (Fear)
merried, widowed, or divorced HUSBAND of (or) WHE of Rebecca Barro	22. I HEREBY CERTIFY. That I attended deceased from Oct. 15. 19.36 to Nov. 1 of 19.36
ATE OF BIRTH (month, day, end year) Thay 27 1877	I lest saw have alive on Nov 2 ,1936; death is said
Years Months Days If LESS than 1 day,hrs.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	My resolution, lesteris selección Date of once

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent In this Other Contributory Causes of importence: 14. BIRTHPLACE (city or town). Name of operation. What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury\_ 24. Was disease or injury In any way related to occupation of deceased?. If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
BUREALLY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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ry ii	SZ	nt o	
Eve	CIA	eme	
RD.	YSI	stat	
BCO	PH	act	
r RI	Y.	Ex	
ENJ	TL	ied.	
IAN	AC	ssif	
ERN	EX	cls	e.
A P	ed	erly	ficat
IS	stat	pro	certi
HIS	be	pe	Jo
L	plnc	may	ack
INK	sh	t it	on l
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NF	plie	erms	inst
HU	Sul	in t	See
VIT	fully	n pla	nt.
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PLA	plnc	F D	ery
9	she	E O	is v
VRI	atior	AUS	NO
1	III	S	TION is very important. See instructions on back of certificate.
N. E		Total Laboratory	
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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH	98
County Hartord	Registration Dist. No. 184	
Village Dr City Hanland	No. St.	Wa
d'a (ii	f death occurred in a hospital or institution, give its NAME instead of street and number	7)
Length of residence In city or town where death occurred 3yrsmos	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Clem fane Bile	2	
(a) Residence: ND(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale 4. COLOR OR RACE 5. SMCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(ear)
(or) WIFE of John B. Biles	22. I HEREBY CERTIFY, That I attended decease Och 13 1936 to 2000 4	ed fr
DATE OF BIRTH (month, day, and year) Aul 22 1853	last saw her alive on Our 4 1936; death	h Is s
AGE Years Menths Days If LESS than	to have occurred on the date stated above, at 3 .m.	
83 3 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
1 8 Trade profession or particular A /	Throne Bronehite + Cog	of on
9. Industry or business in which work was done, as SILK MILL, A SAW MILL, BANK, etc.	ora up	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent In this occupation		
2. BIRTHPLACE (city or town) Aarford Co. (State or country)	Dther Contributory Causes of Importance:	
13. NAME Samuel Pole		
14. BIRTHPLACE (city or town) Award Co.	Name of operation	
(State or country)   md	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Daylord City (State or sountry)  INFORMANT MAN Frank Ramsey	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?	
(Address) Strut, Ma,		
Place Emory Cer Date Mov. 6, 1936	Manner of Injury	
UNDERTAKER St, & Bailey (Address) Darlington And	24. Was disease or injury In any way related to occupation of deceased?	>
D. FILED Move 5, 1936 Mr. D. Kurk.	(Signed) Charle (Thomas (Address) State (The Constitution of the C	N

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 7 1930	July 5,1927	Peritonitis	3 days ago
PARPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Ex	ample I	ti	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	* SAU Y.	July 5, 1927	Peritonitis	3 days ago
- Grane		record to		
Other contributory causes	of importance:		Other contributory causes of importance:	200 C
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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No.
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SIAIL OF MARYLAND-	-CERTIFICATE OF DEATH
Lasterd (8)	Baridadia Dia Na (2)
County The County	Registration Dist. No. 1822
Village or City Flation Fitter	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME JUNIL ROCKING LOCK	chawan
(a) Residence: No. Hederal Hell	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
make Col, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Commenda La Bucham	Wov 9 , 1936 to North , 1932
6. DATE OF BIRTH (month, day, and year) Not Kurn	I last saw ham alive on Wod 1/ , 1937; death is sai
7. AGE Yaars Months Days If LESS than 1 day,h	
alant 7/ 1day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which	Cerebral Hemorhage evicil
9. Industry or business In which	
9. Industry or business in which work was done, as SILK MILL, Country Roads SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and span in this occupation occupation)	
Stal d ei	Dthar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	Arters Sclerous
13, NAME Wolf Kuns	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Clinical Was there an autopsy? 2
15. MAIDEN NAME Susan lun Busham	25:Hi death was dua to external causas (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 200 Date of injury 19
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CARRY OF PARTY OF THE PARTY OF	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) S. C.	Jon
- Place of James cen Date How 10 13	Manner of injury
Boxund goton	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTARER (Address) June Havele June	If so, specify
20. FILEDHOV. SS 1936 Thomas OF Brown	(Signed) FY-7 Bradley M.
20. FILED CO. F. S	(Address) garrettwille Md
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example, I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
- AON	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	5		

MARGIN RESERVED FOR BINDING

V. S. No. 1

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tem of	pluods	of occ	1
BWRITE PLACY, WITH UNFADING INK-THIS IS A PERMANENT RECED RD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	uctions on back of certificate.
RMANENT RE	XACTLY.	classified. Ex	
S IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
NK-THI	should be	it may be	n back of
DING II	1. AGE	, so that	uctions o
H UNFA	supplied	in terms,	See instr
LY, WIT	carefully	TH in pla	portant.
PLA	should be	OF DEA	TION is very impo
WRITE	ation s	AUSE	ION is
1	H	C	H

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-01
County Afarford	Registration Dist. No. 1821
Village or City Harking Shok	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(Ware /N D O	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME # MILES AND DUCK	
(a) Residence: No. SUML (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (weige the word) 5e. If merried, widowed or divorced	21. DATE OF DEATH  // U /. / Z , 193 6  (Month) (Day) (Year)
(or) WIFE of Emma & Bull	22. I HEREBY CERTIFY, Thet I ettended deceased from 1936, to NoV. 1Z 1936
6. DATE OF BIRTH (month, day, end year)	I last saw have alive on 700 12 , 1936; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at
59 ms; 6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence was es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Man a land	acule Congistive Heart 1280 0100001
SAWYER, BOOKKEEPER, etc.	Harry 11 P.m
work was done, as SILK MILL, Country Stare	Nov. 11,
U 10. Date deceased lest worked at MATA 11 Fotal time (veers) . Och	(Chr. 1 Chemietro Cuelo- Eardin 936
this occupation (month and 1936) spent in this occupation	20yrs.
12. BIRTHPLACE (city or town) A Tarford Co. (State or country)	Other Contributors Causes of Importance:
II 13. NAME Jacob Bull	
14. BIRTHPLACE (city or town) Harford Co.	Name of operation Oate of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Marry Sundoland  16. BIRTHPLACE (city or town) Prila	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Phila	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MY HME IS BULL MID	Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE PLOCK Spring Com Dete Marillo, 1936	Menner of injury
19. UNOERTAKER A Bailen (Address) LO arlington	24. Was disease or injury in eny wey related to occupetion of deceesed?
20. FILEO MOD. 14 1936 Disginia Chambers	(Signed) Wellard G. Kyedson M.D.
Registrar.	(Address) - Flest Well med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ryampie 1	li	Example	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal causes of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAIN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Andrew	Ev	93C	Registration Dist. No. 182	
Village or City  Length of residence in city or town where  2. FULL NAME  Blanca	0	ds. How long In U.S. If of t	St., on, give its NAME instead of street and number) foreign birth?	
√ (a) Residence: No.	July Jel (1) (July Jel (1) (July Jel) (1) (July Jel) (July Jel) (Jel) (J	WSŁ, Ward.	If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) 22 ,193 (Ye	) eer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	-		CERTIFY, That I attended decease	
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6.5	Days   If LESS than   1 day,hrs.   0rmin.	to heve occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:	above, at Uselorm.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spant in this occupetion	Other Coatributory Causes of import	tance:	
14. BIRTHPLACE (city or town)(State or country)	Pa	Name of operation	Constalion + Was there an eulopsy	1
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	fralrich mul	23. If death was due to external caus Accident, sulcide, or homicide? Where did injury occur? Specify whether injury occurred in	es (VIOLENCE) fill in also the following:	9
19. UNDERTAKER Sease V. (Address)  20. FILED. 11/23, 1936. 2.6	Joslin 2 ma 6. Chambers Registrar.		y related to occupation of deceased?  I a Charleton  Balan Vaso	M

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	Example II		1.5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY
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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11503
1. PLACE OF DEATH	(10)
county Harford	Registration Dist. No. 180
Village or City Joppa	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
7	
2. FULL NAME TINANA. Chell	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH 23 1936
5a. If married, widowad, or divorced	(Month) (Oay) (Year)
HUSBAND OF Bulah Chell	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Sept 1 1885	I last saw h; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the deta steted ebova, at
51 Sign - I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Burned to Death
9. Industry or business in which	M his Farm
SAW MILL, BANK, etc.	- J. a Evening Pulding year involved,
10. Date deceased last worked et this occupation (month end year) year)	thing degree Busins cuts
12. BIRTHPLACE (city or town)	Dither Contributory Conses of importance: The supposition is that an oil - stave exploded setting
(State or country) ingkomed	fire to the building which was nitral, consumed.
13. NAME John Shell	and burning Frank Chell to death.
14. BIRTHPLACE (city or town)	Name of oparation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Richardson  16. BIRTHAPLACE (city or town)	23. If daeth was due to axtarnal causes (VIOL ENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? allowers Date of injury 11/23, 1926
(Steta or country) Ungland	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT MIS Desilar Check (Address) Forma, mul	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Mennar of injury
Piace Werawn Data 11/25 ,1936	Natura of injury
19. UNDERTAKER Gaso and K maloma	24. Was disaese or injury in any way related to occupation of daceasad?
(Address) Alm golon : mc	if so, specify
20. FILED 1/25 1936 G. Harry anderson	(Signed) G. Starry, Mullion Corones

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Margall V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

1. PLACE OF DEATH	(758)
country Varford	Registration Dist. No. 185
Village or City avre de Graco-	No.606 Seew St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME arry James Tran	ofsec If U. S. Veteran, specify WAR
(a) Residence: No. 6060 Seees 1	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	
OR DIVORCED (write the word)	21. DATE OF DEATH / 21 193 6
5a. II married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mathie B Canal	22. I HEREBY CERTIFY, Thet Jattended deceased from
The product of survivors	1001/14 ,1936, 10 2001/2/ ,1936
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 74-2, 1993 9; death is said
7. AGE Years Months Days I SESS that	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  In E.S. the or market or m	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Data of onest
Kind of work done, as SPINNER, Machinish SAWYER, BOOKKEEPER, etc.  J. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  SAW MILL, BANK, etc.	Laval neumania
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, SAM MILL, SAM MILL, SAM MILL, SAW	1 A J A J
10. Date deceesed last worked at this occupation (month end from the spent in this 20%)	Will MANULO
DIAY 110	· · · · · · · · · · · · · · · · · · ·
Laurede Sence	Other Contributory Canses of importunce:
12. BIRTHPLACE (city or town) aver de Grace  (State or country)  13. NAME  14. Crawford.	
13. NAME 7. CHA W. Crawford	
711	Name of acception
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary M. Moster	
15. MAIDEN NAME MORY . Master  16. BIRTHPLACE (city or town) (State or country)  (State or country)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (cily or town)  (State or country)	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT  (Address) 606 Szerv St. (Adf 5 Has	Popular and injury occurred in introduct, in nome, of in Public PLACE.
16. BONIAL, CHESIGITON, ON MONOTE IN	Manner of Injury
Piece Cingel Tell Date Mot. 23 193	Nature of injury
19. UNDERTAKER The Medicon Mitabell	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER (Address) Had grace Wid.	II so, specify
May 22 2160 10 X0 2.5	(Signed) Seldy M.D.
20. FILED . CAR . 1976 (CRARLES) . OSCHY 1000	AT HAP. WIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Paltimore, Requesting O. S. No. 1.

V. S. No. 1

IARGIN RESERVED FOR BINDING

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

	CE OF DEAT				<u> </u>	
Co	nty Hay	sed .			Registration Dist. No. /	85
Vil	age or City	avrea	& Gr	acc	No. 620 Otolgo St. death occurred in a hospital or insposition, give its NAME instead of street	
Les	th of residence in city	or town where d	leath occurred 2	3 3 (If	death occurred in a hospital or ingression, give its NAME instead of street  ds. How long in U.S. If of foreign birth?yrs	
	//		-	Currie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mos
	L NAME	200		-arrie	The state of the s	
(a)	Residence: No.	10 0	(Usuai place	of abode)	St., Ward.  If nonresident give city or town	n and State
PE	RSONAL AND	STATIST	U		MEDICAL CERTIFICATE OF DEAT	
3. SEX Mal	4. COLOR	OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH  (Month)  (Day)	193
5a. If marr	ed, widowed, or divorce	ed		o .	(Month) (Day)	(Year)
(or)		ra Ciac	who al	wrier	22.   HEREBY CERTIFY, That I atte	nded deceased fi
		. 0	ing S,	1863	Hartran 1907 29	36
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12 A m.	ece; death is s
	73	3	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_   8. Tr	de, profession, or part		2	ormin.	were as follows?	Date of on
0 1	de, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER, R, etc.	Juse	reso	Willyour Muserrhue	7
9. In	ustry or business in v work was done, as SIL SAW MILL, BANK, etc	hich K MILL,	was & to	as Itation		
	SAW MILL, BANK, etc e deceased last works		11 Total i	time (years)	Carpeac accompensation	1
0 7	this occupation (mont)	and Nov. 1	nex eng	int In this 25 7		
		1101	rede b	ac.	Other Contributory Causes of Importance:	
	LACE (city or town) te or country)	ox y w	mol		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
교 13. NA	ME Mats	rew C	ierrie	· .		
E	THPLACE (city or town	1)	mal		Name of operation Date	of
-	(State or country)				What test confirmed diagnosis? Was there	e an autopsy?
15. M/	IDEN NAME	ela	ede 12	might	23. If death was due to external causes (VIOL ENCE) fill in also the foll	owing:
6 16. BI	THPLACE (city or town	1)	man.		Accident, sulcide, or homicide? Date of injury	, 19
≥	(State or country)		0		Where did injury occur? (Specify city or town, county an	18,,,,
17. INFOR	ANT James dress) 5.7	mark	curre	City	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	C PLACE.
	CREMATION, OR REI	HOVAL.	0	/ 31	Manner of injury	
Pla	engu /	2-1	Date Date	,19	Nature of injury	
19. UNDER		Tadis	on the	dehell	24. Was disease or injury in any way related to occupation of deceased	1?
	-	was	near	Final.	If so, specify	\\\
20. FILED	le_/	16 6ha	ele J. O.	oley, M.D.		an I M
Pla 19. UNDER	AKER AKER	MOVAL Well Madas Tude 16 Cha	Date Description of the property of the proper	atchell Mely, M.D. Registrar.	Nature of injury.  24. Was disease or injury in any way related to occupation of deceased	1?

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Example I	Įį.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Des et	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	4		1 week ago	
Cereoral nemorrhage	July 5,1927	Peritonitis	3 days ago	
TABAU V S				
	1 2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			16.00	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11506			
1. PLACE OF DEATH	(94.6)			
County Hartord Co	Registration Dist. No. 182			
Village or City Harford Co. Home	No. St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME John Daughenty				
	If U. S. Veteran, specify WAR			
(a) Residence: No. Harford Co Hama (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  Nov 9 1936  (Month) (Var)			
5a. If marriad, widowed, or divorced				
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Oct 13-1860	i last saw harmalive on OCT 30, 1936; daath is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
76 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trada profession or particular	were as follows: Octobrary Shrombosis 12 M			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacaasad last workad at this occupation (month and spent in this	Nove-			
9. Industry or business In which work was dona, as SILK MILL,	7			
SAW MILL, BANK, etc.				
year) occupation	Other Contributary Causes of importance:			
12. BIRTHPLACE (city or town) Harford Co				
(Stata or country)				
13. NAME COAN Daughenty  14. BIRTHPLACE (city or town) HarterdCo				
14. BIRTHPLACE (city or town) HarterdCe	Name of operation Date of			
(State of County)	What tast confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Sarah Daughenty 16. BIRTHPLACE (city or town) / Jantons Co	23. If death was due to external causes (VIOL ENCE) fill In also the following:			
5 16. BIRTHPLACE (city or town) / antonico	Accident, suicida, or homicida? Date of Injury, 19			
State or country)	Where did Injury occur?			
17, INFORMANT Clark Fith patrick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Placa Fartord Ca Hospe Date YOU 10, 1936	Natura of injury			
7. 1.7	24. Was disease or injury in any way related to occupation of deceased? LLD			
19. UNDERTAKER Sean & Oscar (Address) Relan ma	If so, spacify			
20. FILED MOV, 10 , 19,06 Visquia Chambers	(Signed), Willard O. Wudson M. D.			
Registrar.	(Address) - FOURT LAUL MCSL			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Company	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
00	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Harfand	Registration Dist. No. 185
Village or City Have de Trace, Mo	1100
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidance In city or town where death occurredyrs,mos	s/_ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Mrs. Emma Ecc	att. dutaide
(a) Residence: No. Tilot, med.	St., Ward. Cecil
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OF RACE 5 SINCLE MARRIED WIDDOWSD	MEDICAL CERTIFICATE OF DEATH
7. SEX  4. COLOR OR RACE Cohete  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Cohete.	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of lukusion	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 7 1566	I last saw h & alive on 200 15 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 3 50/m.
70 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession as particular	wera as follows:
kind of work done, as SPINNER, House, Keefer SAWYER, BOOKKEEPER, etc	Davenoma ?
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end this programming the programming this security of the second in this	left Ridney
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Philodeephia,	
14. BIRTHPLACE (city or town) The ladee phia,	Name of operation Love Date of
(State or country)	What test confirmed diagnosis? Cerello Mes there an autopsy?
15. MAIDEN NAME Carharine Walle Horman	23. If death wes due to axternel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carhania Walle Horman  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide?
17 Mes Mes Emma Ellevier	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Who Guilla Callade (Address) Pilal, Ma	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Please Jesse Parale 18, 19 30	
17-1-	
19. UNDERTAKER (Address)	24. Was disaese or injury in any way related to occupation of dacaasad?
7	(Signad) (Signad) M.D.
20. FILED Nov. 15 , 1936 & Karles & Alley A L.	(Address) 7/ - 2 8 9 7 7 0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 5 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11508
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Harkousk	120
Village or City Bile (LAN)	Registration Dist. No.
	No. No. A Control of the Control of
	If death occurred in a hospital or institution, give its NAME instead of street and number)  15
2. FULL NAME / Class 6. Calerly	If U. S. Veteran, specify WARds.
(a) Residence: No. VO6 Hickory (U	P.St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. 657 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWAD,	MEDICAL CERTIFICATE OF DEATH
ON DIVORCED (purite tille wild)	21. DATE OF DEATH
5a. If married, widowed or divorced	(Month) (Day) (Year)
(Or) WIFE of trederile faterly	22- 4
6 DATE OF DIDTIL	LOT! 136 to USV 5
6. DATE OF BIRTH (month, day, and year) 17 1857  7. AGE Years Months Days HISSON	I last saw h. 23 alive on UTD 15-1936 death Is said
78 If LESS than I day,	to have occurred on the date stated above, at 173
8. Trada, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importanca
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Date of onest
NOTE OF Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	1000 ( 100 mma 11-1-36
10. Date daceasad last worked at	
this occupation (month and year)	1
12. BIRTHPLACE (city or town) Belder	Dthey Contributory Causes of importance:
(Stata or country)	Shull Dementia 1933
13. NAME JAME DOLOGIA	
13. NAME Docoding  14. BIRTH/LAGE (city or town)	
(State or country)	Name of operation
15. MAIDEN NAME ROCALAMIA Starr  16. BIRTHPLACE (city or town)	What test confirmed diagnosis? Church Was there an autopsy? 40.
0 16. BIRTHPLACE (city or town)	23. If daath was due to axternal causes VIDL ENCE) fill In also the following:
(State or country) Waldyland.	Accident, suicide, or homicide Data of Injury Data of Injury Data of Injury Occur?
17. INFORMANT Taldrick Tollegle:	10 11
(Address)  18. BURIAL, CREMATION, DR. REMOVAL	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place MT Zian . M - 2	Manner of Injury
Date 7 ( 9 )	Nature of injury. Coul
19. UNDERTAKER Allenger Lefkner	24. Was disease or injury in any way related to occupation of deceased?
mand on a son aver	If so, specify
20. FILED # 40 16 6 , 1996 / C (Kicker Leon)	(Signed) M.D. M.D.
Registrar.  If more blanks are needed, address State Registrar, 24	(Address) Adel Clit Uld
tegistrar, 24	14 14. (nation street, Baltimore Personal C 1 C 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	NI MANILAND	CERTIFICATE OF BEATT	
1. 1		96.0	
County Marford		Registration Dist. No. 184	
Village or City		No. St.,	
2. FULL NAME ettie (a) Residence: No. Asia	Land (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH  (Month) (Dey)  (Solution 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	93 <u>(</u> (Yeer)
5e. If merried, widowed, or divorced  HUSBANS of  (or) WIFE of  6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Yeers  Months  40  20  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Evens  Park 9 - 1896  Deys If LESS then 1 dey,hrs. ormln.	1 HEREBY CERTIFY, That I ettended dec 200 15 1936, to 200 15 1936; d to heve occurred on the dete stated above, at 1/3 1/3 1/3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	., 198.5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupetion (month end yeer)  12. BIRTHPLACE (city or town)	11. Total time (years) 2.0 spent in this occupation	Other Castributary Causes of Importence:	
13. NAME PRINTED P. C. 14. BIRTHPLACE (city or town) (Stete or country)	revette hs County The Carolina	Neme of operetion Date of Whet test confirmed diegnosis? Wes there an euto	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Symps Courts L'Event	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL PIECO COLOR CONTROL	7 Dete Nov. 18 1936	Manner of Injury	
19. UNDERTAKER Along (Address)  20. FILED. Nov. 17., 19.3 b. 7.6.	La menable	24. Was disease or injury In eny wey releted to occupetion of deceased?  If so, specify  (Signed)  (Address)  (Address)	no 

If shore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAI

PHYSICIANS should state Every item of infor-

A PERMANENT REC stated EXACTLY. properly classified.

S

UNFADING INK-THIS ARGIN RESERVED

should be

supplied.

mation should be carefully

CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person and 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children of gainfully employed may be returned as at school or at home. For a woman whose only occupation was that the housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
I WEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Inition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
I RECORD. Eve	Y. PHYSICIA.	Exact stateme
N PERMANENT	EXACTL	erly classified.
IK-THIS IS	should be state	t may be prop
UNFADING IN	upplied. AGE	terms, so that i
AINLY, WITH	d be carefully s	CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.
B. WRITE PL	mation shoul	CAUSE OF TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11510
1. PLACE OF DEATH	930
County Hardock Cu.	Registration Dist. No. 185
Village or City A auto De Stace (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Samuel Marshie	Sallion
(a) Residence: No. aligned (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Survive Service S	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, Thet I attended deceased from
61.26 1851	lest saw h / 2 aliva on   1936   1936   death is seid
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars   Months   Deys   If LESS than	to have occurred on the data stated abova, at 5 .15 m.
C . 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or partifular	were as follows:  Date of onset
No. Tieda, profession, of particular to the work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and specific profession). Specific in this security in the security of the secure of th	Marine Meralin
work was done, as SILK MILL, SAW MILL, BANK, etc.	Jackson 17
	Secondary Comme
yeer) occupation	Other Contributory Causes of Importance:
(State or country)	Cendra Factore
13. NAME John Lu. Jalin  14. BIRTHPLACE (city or town) Harford County	
14. BIRTHPLACE (city or town) Harford County	Neme of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Marcha Mellar	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marcha Mellas  16. BIRTHPLACE (city or town) I Longford County  (State or country)	Accident, suicida, or homicide?
17. INFORMANT I and Swarty (Address) levanule md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rock Run Date Nov 24 , 1936	Manner of injury
19. UNDERTAKER Howard 1 Molocano (Address) Almagaon Ma	24. Wes disease or injury In eny wey related to occupation of deceased?
20. FILED Nov. 22, 1936 Charles J. Taley, M. D. Registrar.	(Signed) have de Braugha.
15 1/11 0 2	N. C. I. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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min Kul	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 5 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V R	July 5, 1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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## STATE OF MARYLAND-CERTIFICATE OF DEATH

	or-	ate	-Y-	
1/2	S IS A PERMANENT RECORD. Every item of infor-	e stated EXACTLY. PHYSICIANS should state	e properly classified. Exact statement of OCCUPA-	
11)	item	s sho	) Jo	
	Every	CIANS	ement	
1)	CAKD.	HYSI	t stat	
4	r REC	Y. P	Exac	
ING	NEN	CTL	sified.	
BIND	ERMA	EXA	y class	4
FOR BINDING	SAP	tated	roperl	F certificate
O	SI	(1)	d a	F co

	#	W2	0	- 1
	D. Every	SICIANS	atement	
3	RECERT	. PHY	Exact st	
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every it.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
FOR B	IS A PE	stated E	properly	certificate
ED	HIS	pe	pe	Jo
RESERVI	G INK-T	GE should	that it may	ns on back
MARGIN	UNFADIN	upplied. A	terms, so	e instruction
•	WITH	efully s	in plain	int. Se
	PLAINLY,	ould be car	F DEATH	TION is very important. See instructions on back of certificate.
No. 1	3.—WRITE	mation sh	CAUSE	TION is

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	19
ż	(	7	6
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1. PLACE OF DEATH		
County Harford	Registration Dist. No. 183	3
Village or City White Stall had	No. St.	Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence in city or town where death occurred 29 yrs mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Lydia Um Saru	LT.	
(a) Residence: No. White Hall In	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	19336 (Year)
5a. If married, widowed, or divorced		
(or) WIFE of James Sacult	22. I HEREBY CERTIFY, That i attended de	ceased from
2 5 1617	1 last saw h & alive on 200 44 1936;	death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11804 m.	ucatii is saiu
7 C/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or particular	were 3s follows:	Date of ordet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	www.warung anumaru	T nom
9 Industry or business in which		
work was done, es SILK MILL, A Home		
10. Date deceased last worked at this occupation (month and year)		
henr Pack	Other Contributory Causes of Importance:	1924
12. BIRTHPLACE (city or town) (State or country)	The said of the	107
13. NAME Alman Strawbidge	- orago comunica	19.8 m
E 21-116-11	Name of operation	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an eut	2/10
15. MAIDEN NAME Climateth Celsons!	23. If death was due to external causos (VIOLENCE) fill in also the following:	opsy! >_w_w_
15. MAIDEN NAME Classification Colored Co. State of Country Co.	Accident, suicide, or homicide?	19
State of country)	Where did Injury occur?	, **
17. INFORMANT Mus. Gora Sacust,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	100000000000000000000000000000000000000	
Place Cayno Chapal Date Nov. 24 1036	Manner of Injury	
Ph. M. A.		
19. UNDERTAKER AND	24. Was disease or injury in any way related to occupation of deceased?	20
14 211 21 30 DD	If so, specify (Signed) Chap, C. Cyreo	
20. FILEDALOT. 24, 1936 Thos IT Down	(Address) White Hall	med
Kegistrar.	" (nouress)	- 5. 5. 5. 6 A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Land	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURNALIN S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADD	TIONAL SPACE	E FOR FURTH	ER STATEME	NTS BY PHYS	CIAN

V. S. No. 1 2 of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	OIL
1. PLACE OF, DEATH		820	,
County Harford		Registration Dist. No.	1
Village or City Amede	Grace R.7 D.4 8	NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	Wai
Length of rasidence in city or town where daath	occurred 8 yrs mos	ds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAME Dances	Oseese /Lel	has	
(a) Residence: No. Chapel	(Usual place of abode)	St., Ward.  If nonresident give city or town and S	itate
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193 <u>(</u> (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) HHE of Renna. R.	Gillar	22. ON HER THY CERTIFY, That I attended to	aceasad fro
6. DATE OF BIRTH (month, day, end year)	1.3-1853	I last saw have alive on MM 3 4 , 1936;	death is sa
7. AGE Yaars Months	Days If LESS than I day,hrs.	to have occurred on the data stated abova, at 1.7.4.4.4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profassion, or particular kind of work dona, as SPINNER, francisco SAWYER, BOOKKEEPER, atc.		THOIS STOURNS.	Date of ons
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this securation (month and		) and legan	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	),	
12. BIRTHPLACE (city or town) - Amana (Stata or country)	markand	Other Contributory Causes of Importanca:	
13. NAME James 19	illust		
13. NAME AND 14. BIRTHPLACE (city or town) (Stata or country)	ford ler	Nama of operation Date of	
IS. MAIDEN NAME Sarah V	· morre	What tast confirmed diagnosis? Was thera an aut 23. If daath was due to external causas (VIOLENCE) fill in also tha following:	lopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	out Cery	Accident, suicida, or homicide? Data of injury	, 19
17. INFORMANT Man Daniels	Rest Billiary	Where did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Manual Chapter	Date Nov 6 , 1935	Mannar of injury	
19. UNDERTAKER ALISMA Jak (Address)	ming Hong	24. Was disaasa or Injury in any way related to occupation of daceased?	
20. FILED Nov. 6, 19 36	a C Miehael	(Signed) James 76 Day (Address) John Dr Sweet	Zug

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy  Run over by street car	1 week ago
	15		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Hars.	Registration Dist. No. 182
Village or City Bel Quy	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Francis Lamas Ha	referred If U. S. Veteran, specify WAR
(a) Residence: Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH 25 , 193.6 . (Month) (Oay) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HERE Y CERTIFY, That I attanded decasas from
6. DATE OF BIRTH (month, day, and year) July 1, 1925	I last saw have alive on 25 25 , 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Dialileria - death mosts
kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last worked at this occurrence month and spent in this	Sudden from Toxic
Total tima (years)  10. Data daceased last worked at this occupetion (month and year)	Try o Cardilis
12. BIRTHPLACE (city or town) Agrif Co, ml. (State or country)	Other Contributary Causes of Importance:
1	
13. NAME Harrison Harbers  14. BIRTHPLACE (city or town) Forest Lieb (State or country) Harl Co. 2018	Name of operation
15. MAIDEN NAME Blauche mas Crue	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Blanche mas Crus  16. BIRTHPLACE (city or town) Fork, Back Co (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Harris Harlins (Address) Bilan mu	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Date Date 1935	Manner of Injury
19. UNDERTAKER Sega Votalian (Address) Bel an mar	24. Was diseesa or injury in any way related to occupation of decaased?
20. FILED 155 26, 196 1 Clohandron	(Signed) Change of the Color M. I.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

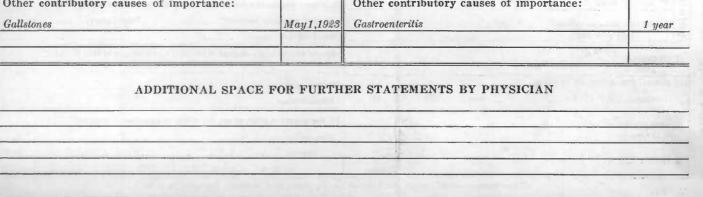
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II			
The principal cause of death and related ca of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
11 188141				
Other contributory causes of importance:		Other contributory causes of importance:	- TIE	
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

1. PLACE (	Harford			Registration Dist. No. 180	
Village or City Edgewood Arsonal, Md.			i.,	No. Station Hospital St.,  f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of re	esidence in city or town whe	re death occurred	_O_yrsOmos	Ods. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL N	AME Robert V	V. Hibbert		If U. S. Veteran, specify WAR. No.	
(a) Reside	ence: No. Fort I	loyle, Mary	yland.	St., Ward.  If nonresident give city or town and State	
	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word) gle	21. DATE OF DEATH  November 29 , 193  (Month) (Day) (	6 Year)
5a. If merried, wid HUSBAND of (or) WIFE of				22.   HEREBY CERTIFY, That I attended decea November 27 , 19 36 , to November 29	
6. DATE OF BIRTS	H (month, day, end year)	January 1	1, 1909	l last sew h_im alive on_November_29, 1936_; dee	
7. AGE Y	fears Months	Days	If LESS than	to have occurred on the date stated above, at _3.55p.m.	
	27   10	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	e of onset
8. Trade, pro kind of SAWYS 9. industry of work w SAW M 10. Date dece	ofession, or perticular f work done, as SPINNER, ER, BOOKKEEPER, etc r business in which was done, as SILK MILL, MILL, BANK, atc	Soldier			27/3
10. Date decethis occupear)	ased last worked at cupation (speath and 936	11. Total	tima (years) ent in this cupation8		
12. BIRTHPLACE (		erburn, Va,		Other Contributory Causes of importence: Puncture mid lobe right lung by fragments of fractured rib.	1/27/3
13. NAME	George D.	Hibbert			7-6217-01
	CE (city or town)	st Virgin	ia	Neme of operation None Date of What test confirmed diagnosis? Examination Westhare an autops	y? Yes
15. MAIDEN N	NAME Elizab	eth Miller	r	23. If death was due to external ceuses (VIOLENCE) fill in elso tha following:	
	CE (city or town)	st Virginia	9.	Accident, suicide, or homicide? Accident. Date of Injury Nov. 2719 36	
17. INFORMANT U. S. Army Records. (Address) Fort Hoyle, Md.				Whera did injury occur? Fort Hoyle, Md.  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public highway.	
I8. BURIAL, CREMATION, OR REMOVAL Va. Plece Charlotteville Date Nov.30 ,1936			30 ,1936	Menner of Injury Overturned gun carriage.  Nature of Injury Same as above.	
(Address)	loward K.Mc(Abingdon, No.		00.0	24. Was disease or injury in eny way releted to occupation of deceased? Yes if so, specify Accident.  (Signed) P Value Taffor 1	
20. FILED. 1.1.07	-29,1936	o nuly	Shypley	(Signed) Alex B. Kelly, Tafor, I	ъс. m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis "	3 days ago
THE WEAR V.			
Other contributory causes of importance:	11-1-0-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
• •			
		e e e	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(86-7)
County Harford	Registration Dist. No. / O
Village or City Churdeen	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carle Stoppen	If U. S. Veteran, specify WAR
(a) Residence: No. Oakleuston (Usua) place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mov, 28, 193.6 (Month) (Day) (Year)
5a. If married, widowed or diverced HUSBAND of (er) WIFE of Stella Halaim	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quay 124. 1883	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
53 2 4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	accident & eath
SAWYER, BDDKKEEPER, atc.	Cave is at grand Bank
9. Industry or business in which work was done, as SILK MILL, County Road SAW MILL, BANK, etc	Sudder
kind of work dona, as SPINNER, Jabore SAWYER, BDDKKEFPER, atc.  9. Industry or business in which work was done, as SILK MILL, County Road  ID. Date deceased last worked at this occupation (month and 1936)  11. Total time (years) spent in this occupation (month and 1936)	
12. BIRTHPLACE (city or town) Harford Co., (State or country)	Other Contributory Causes of importence:
E Atapla 1 Co	Name of operation Data of Data
14. BIRTHPLACE (city or town) - 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	What test confirmed diagnosis? Was there an autopsy? Da
15. MAIDEN NAME Emma Day	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Emma & and 16. BIRTHPLACE (city or town) Avarford	Accident, suicide, or homicide? Date of Injury M.28, 19.36
State or country)	Where did Injury occur? War Wurden Ma, (Specify city or town, county and State)
17. INFORMANT Mon Stella Storpin	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Langton 111 d	Working or grave count
Place Darlington Cem Date Nov. 30, 1936	Manner of injury Doual Boner
19. UNDERTAKER A. S. Bailey	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) Darlington, Myd	If so, specify
20, FILED Nov 28, 1936 O. Michael	(Signed) Transfit (Land Mill Colombia)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DFC 4 1930	July 5, 1927	Perilonitis	3 days ago
SUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
HOLD DATE TO THE STATE OF THE S			

m,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11516
1. PLACE OF DEATH	(82-0)
County Harland,	Registration Dist. No. 18
Village or City abugdon	No. St Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
60	
2. FULL NAME Cleanor, John	1 10 1 m 1 m 1
(a) Residence: No. Madeu (Usual place of abode)	Use Ward Co. Marine If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	Nov. 23 , 193 6 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
5 DATE OF BURTH (month day and year) Que 12, 1880	19.36 to 11-2.3 19.36 teach is said
6. DATE OF BIRTH (month, day, end yeer) 1 1 1 0 0 0 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, a 232.4m.
56 3 11 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:  Hypertensin  Date of onset  Years 9
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BODKKEEPER, etc.	Carebrel removehous 11-12-31
9. Industry or business in which work wes done, as SILK MILL.	
kind of work done, as SPINNER, Source Well SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and	
this occupation (month and spent in this occupation cocupation	
Beak land.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carte (State or country)	
Ĭ.	Neme of operation
4 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Wargasch De Freed	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wargarch De Freif 16. BIRTHPLACE (city or town) Jersmany (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Matilda E. Weyforth	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 2007 W. Ballingo St.	
18. BURIAL, CREMATION, OR REMOVAL) Was 2/ 3/	Manner of injury
Place Date Date 1900 1900	Nature of injury.
19. UNDERTAKER Mr. Nus. John W. Seufel & So.	24. Was disease or injury In any way related to occupation of deceased? 20
(Address) 80 W. Jayeto St.	If so, specify
20 FILED NOV 2 3, 1936 6 Mily In Shipley	(Signed) Ua U FTT a Sus M. D.
of ocal Relistrat.	(Address) Edylwood Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
il some All V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITI	ONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
Mar ar A A A	CATTLE	WA ALVAN	Y OIL	T CITIZETIE	DILLY TANK THE TANK THE	101	A THE POST OF THE R



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYL	AND—CERTIFICATE	OF DEATH
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4	-	P	\$	way
1	1	0	I	6

1. PLACE OF DEATH	(02.0)
Countyx Harlord	Registration Dist, No. 184
Village or City Darlington	
Village of City	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella R. Love	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, of divorced	()
(or) WIFE of O. W. Love	22. I HEREBY CERTIFY. Thet I ettended deceased from 1936, to 207. 11. 1936
6. DATE OF BIRTH (month, dey, and year)	I lest saw h & elive on Not // 1936; deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 230 A.m.
58 9 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc	of Must cardelin 15 many In 9.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occurretion (month and	auth Brochitis: 3 weeks. Oct. 1.3
	Quest G.R.
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	***************************************
(Stete or country)	
14. BIRTHPLACE (city or town) Harford Co.	
14. BIRTHPLACE (city or town) Avarford Co.	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Henrietta & carborne	223 (Adeath wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Servietta & Carbarou  16. BIRTHPLACE (city or town) Sarah (State or country)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
O ON Sail	(Specify city or town, county and State)
17, INFORMANT (Address) Darlington Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Gublin Cim Date / Wi/3, 1936	
19. UNDERTAKER A S. Bailey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darling ton Md	If so, specify
20 FILED MOV, 12 1936 MM, M. Kirle	(Signed) N.E. Sallion M.D.
Registrar.	(Address) Dallington mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 7 1836	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
ributory causes of importance:		Other contributory causes of importance:			
AS al Nation	May 1,1923	Gastroenteritis	1 year		
- 113					

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	it	92	0
)_	rcb. Every	IYSICIANS	statement
	RECC	Y. PE	Exact
JAKGIN KESEKVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FUR	IS A P	stated	properly
7	IIS	be	be
NEK VE	NK-TH	plnoys	it may
N KE	DING 1	AGE	so that
ARGI	UNFAI	upplied.	terms,
>	WITH	efully s	in plain
0	INCY,	be car	EATH
	E PLA	plnods	OF D
1 .	-WRIT	mation	CAUSE

B.—WRITE PLAIN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11518
1. PLACE OF DEATA	150
County Jayfard	Registration Dist. No. 16.2
Village or City Lole Civ	NoSt.,Ward
Length of residance in city or town whara death occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME to how Les de	LILATUS Veteran, specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grife the word)	21. DATE OF DEATH Nov. 16 (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I eltended deceased from
6. DATE OF BIRTH (month, day, and year) Fello, 1919	last saw hime aliva on Nov. 161936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at/
17 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	T3i-lateral peritonallar
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaased last worked at this occupation (month and	- Vav.10
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME I Sheet I speech 14. BIRTHPLACE (city or town) — Jud.	<u></u>
14. BIRTHELOCE (city or town) (Stata or country)	Neme of operation
15. MAIDEN NAME EStella M Tearner	23. If daeth wes due to externel causes (FIOLENCE) fill in also the following:
15. MAIDEN NAME Chella M Jeanney 16. BIRTHPLACE (city or town).  (Slate or country)	Accidant, sulcide, or homicide?
17. INFORMANTE Jolege & Tyrich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL CREMATION, OR REMOVAL	Mannar of injury
Detrong June Date U. 1. 1, 1936	
19. UNDERTAKES foresteeper v Tooff.	24. Was disaase or injury in any way related to occupation of daceased? No
20. FILENOV 18 1967 E Richardson	(Signad) a. 7. Vau Disser M.D.
Registrar.	(Addrass) Decusy Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ti	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage DEC 5 1936	July 5,1927	Peritonitis	3 days ago	
SUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	REURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11519
1. PLACE OF DEATH	1/61
County Harford	Registration Dist. No./ 9
Village or City Lisualem (II	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clysle R. Miller	If U. S. Veteran, specify WAR
(a) Residence: No. Esteward Con	St., Ward.
(Usual place of abode)	II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Colored  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nov. 30  (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lily 29-1931	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
3 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
2 Tenda profession or particular	To do The decidently burned Date of onset
A. Fleet, professing, or particular, or particular within of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (month and separation the separation the separation the separation than the separation that the separation than the separation that the separation that the separation than the separation that the separat	Gome was burned
10. Data decased last worked at this occupation (month and year) spant in this occupation	Jeans Millerown
12. BIRTHPLACE (city or town) Cherdien	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Solossian Miller	
13. NAME Soloman Miller  14. BIRTHPLACE (city or town) Markon (Stete or country) South Canalysis	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME SASIS OF PURPLE	23, If death was dua to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Asic O. Duysree  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Jessey D. Miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Alleklen Med  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Union M. E. amely Date Dec 1 2 , 1936	Manner of injury
19. UNDERTAKER Senry Janua Sons (Address) Jahrensen md.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED DECZ, 1936 O 6 Michael Registrat.	(Signed) Lank Hayron Wrong M. D.  (Address) Averdeen md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "eniployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	E I V E U	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	-EC + 136	July 5,1927	Peritonitis	3 days ago	
	SURBAU Y. S.				
Other contributory can	ses of importance:	Carried .	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

/ STATE	OF MARY	LAND-	CERTIFICATE OF DEATH	520
1. PLACE OF DEATH			94P)	
County Hartord	<i>(</i>	,	Registration Dist. No. 182	/
Village or City Be	LIN MIL		No. St.,  f death occurred in a horpital or institution, give its NAME instead of street and no death occurred. How long in U.S. if of foreign birth? yrs. mos	
60	La daath occurred	yrs,mos		us.
(a) Residence: No.	Be) Air	Md	St., Ward.  If U. S. Veteran, specify WAR Span 16 h	y-tweek
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	102
11/12			(Month) (Day)	(Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	um_		22. I HEREBY CERTIFY, That I attended d	lacaased from
6. DATE OF BIRTH (month, day, and year)	4. l. me	~	Hast saw hand dive on now 5 1936	: daath is sald
7. AGE Yaars Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
8. Trade, profession, or particular kind of work dona, as SPINNER.	n	ormin.	Coronary Thrombosis	Pate of onset
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Beleun	~		
10. Date deceased last worked at this occupation (month and year)	11. Total tir	ne (years) t In this pation		
12. BIRTHPLACE (city or town)	huma	~	Other Contributory Confer of Importance:	
1				
E	tu.	•	N	
14. BIRTHPLACE (city or town) (State or country)			Name of operation	. 40
			Whet test confirmed diagnosis? Was there an au	
16. BIRTHPLACE (city or town)	Elmin		23. If daath was due to extarnal causes (VIOLENCE) fili in also the following:  Accident, suicide, or homicide? Dete of injury	
17. INFORMANT May Winford (Address)	le Hue	wand	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE,
18. BURIAL, CREMATION OR REMOVAL Place PM Start	Data Mn	17 ,1936	Manner of injury	
19. UNDERTAKER Decum	Jester ?		24. Was disease or injury in any way raleted to occupation of deceased?	0
20. FILED May 7, 19.36, J.	E. Chambe	Registrar.	(Signed) Williams (P. Acelson (Address) Freat Hell, ma	M. D.
If n	nore blanks are needed, ac	ddress State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis, av 27 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WUNDAU .			
Other contributory causes of importance:		Other contributory causes of importance:	-x43
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be carefully supplied. mation should be -WRITE PLA

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	21
1. PLACE OF DEATH	(C.E)	
County Harford	Registration Dist. No. 183	
Village or City Folest Hell	No. St.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number  ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Katie E. Phillips (a) Residence: No. Rutledal me	Harland	
(Usual place of abode)	L. St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femal A. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OV. 9 (Oay) (Your Coay) (Your Coay) (Your Coay) (Your Coay) (Your Coay) (Your Coay)	(Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of H. Thomas Phillips	22.   HEREBY CERTIFY, That I attended deceas	ed from
6. DATE OF BIRTH (month, day, and year) aug 5, 1870	I last saw hur elive on 1200 8 , 1936; deetl	h is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, et	
8 Trade profession or particular		of onset
8. Trade, profession, or perticular kind of work done, as SPINNER. Housewele SAWYER, BOOKKEEPER, etc.	/ 9	31
kind of work done, as SPINNER.  Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL,  SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation (month and the properties) of the second in this company and the second in this company and the second in this occupation (month and the properties) of the second in this occupation (month and the properties) of the second in	<i>i</i> -6.	
10. Oate deceased lest worked at this occupation (month and ock part spent in this occupation		
12. BIRTHPLACE (city or town) Jaylor, Md. (State or country)	Other Contributory ares of importance:  Johns Goiler 2	gria
	\\\\\\\	
14. BIRTHPLACE (city or town) Jaylor	Name of operation	
(State of country)	What test confirmed diagnosis?	nZio
15. MAIDEN NAME Sara Winght  16. BIRTHPLACE (city or town). Have Co	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
5 16, BIRTHPLACE (city or town) Have Co	Accident, suicide, or homicide? Date of injury, 1	9
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Mis. Clefton Smithson (Address) Great Will md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Chings Clue. Oate 1007. 11, 19.86	Neture of Injury	
19. UNDERTAKER & S. Kurty & Son	24. Was disease or injury in any way related to occupation of deceased?	
7/m/ 11 ( 26 26 1 P' Co.	(Signed) Willard P. Studson	40.00
20. FILED NOV. 11 1936 Show IF Jown	(Address) Forest Well me	M, D,

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

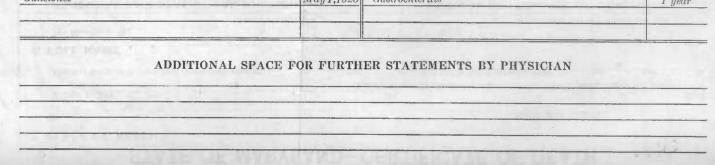
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis -1921 Run over by street ear 1 week ago Cerebral hemorrhade Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year



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Example I	li	Example II	
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Arteriosclerosis	- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1.5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE PERSON AND PROPERTY OF			

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County Farfor	2	952
Village or City The	Jane thore	Registration Dist. No. 183 No. St., War
Length of residence in city or town where d	leath occurred 35 yrs. mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?yrsmosd
(a) Residence: No. X	Janitoral (Usual place of abode)	Coi., Ward.
PERSONAL AND STATIST		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Flowel White	5. SINGLE, MARRIED, WIDOWED, OR DIVORTED (water the word)	21. DATE OF DEATH OND 27 1936
ia. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	Pd Ming	22. I HEREBY CERTIFY, That Lattended deceased fro
DATE OF BIRTH (month, day, and year)	474 862	I last saw her alive on once IZ 1956; daath is sai
AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 4.3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Horel	ware as follows:  Opanie Heart dean Date of gase 1936
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decaasad last worked at		
10. Date decaasad last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
2. BIRTHPLACE (city or town) (State or country)	ad to sud	Other Contributory Causes of Importance
13. NAME HAMAGE (City or town)	& Heaps	
(State of country)	Joed D.	Name of operation Data of
15. MAIDEN NAME LEGECA  16. BIRTHPLACE (city or town) (State or country)	efort as	23. If death was dua to externel causas (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?, 19
7. INFORMANT Earl Ser (Addrass)	welling som	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date 20029 36	Manner of Injury
9. UNDERTAKER 29 July (Address)	Alfala	24. Was disaase or injury in any way related to occupation of deceased?
O FILED Nor 29 686 Tha	o R Brown Registrar,	(Signad) Anarla M. Gamoro M. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		100 PECONE	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 11529

1. PLACE OF, DEATH	(240,777)
County Harford	Registration Dist. No. 184
Village or City Conorung Power How	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Jenyle Court aft. Unive	If U. S. Veteran, specify WAR_  ruly Carward y Gulfadlar Balta MA.  It nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Server Serve	21. DATE OF DEATH  No rember  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
oingle	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Do not know	I lest saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	automobile accident at
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this perpenting this perpenting this separation this separation from the separation of the separati	
10. Date deceased last worked at this occupation (month and 1926)  11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Baltimore	Other Coutributory Causes of Importance:
(Stete or country)	
II 13. NAME John St. Sennow	4
13. NAME (or town)	Name of operation
(Stete or country)	What test confirmed diegnosis? Was there en aulopsy?
15. MAIDEN NAME day chaffer  16. BIRTHPLACE (city or town) Ballinde	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Accident Date of Injury hor 4-, 1936
(State or country)	Where did injury occur? Landauget I was It was I (Specify city or town, county and State)
17. INFORMANT OM C. MUCNELL Undert	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL CON Date My C. 6, 1936	Manner of injury - Araba Malure of injury - Broken Metal
19. UNDERTAKER TO MICHELL (Addless) Baltimus and	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Mov, 4, 19 36, M. A. King.	(Signed) Edwing of Halloway acting Corone M.D.
Registrar,	(Address) Danington Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 22			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
***			

stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLA V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
Country Harford	Registration Dist. No. 183
Village or City White Hall had	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
47	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME asbury Slade	
(a) Residence: No. White Hall. In (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Q-Slade	22. AL HEREBY CERTIFY That I attended deceased from 22. 19.32
6. DATE OF BIRTH (month, day, end year) Cun 15 1861	I lest sew h alive on Cov. 30 , 19 31; deeth Is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Outmoners Tulurulars 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et bis occuration (work) and the bis occuration (more) and the bis occurati	
year) Cross 1-9-35 occupation  12. BIRTHPLACE (city or town) Bellowere	Other Contributory Causes of importance:
(State or country)	
13. NAME Christophy Slade  14. BIRTHPLACE (city or town) Balling Co	Neme of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Elizabeth M. Carlin  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Section Date Del 2, 1936	Manner of Injury
19. UNDERTAKER Phashlier for (Address) white How The 20. FILED DIC 2, 1936 That P Brown Registrar.	24. Wes diseese or injury in eny way related to occupation of deceesed? Los If so, specify  (Signed) A. M. T. C. M. D. (Address) A. L.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE ALLS S			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example PEGT	Dan I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAL
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BINDING

FOR

state OCCUPA should certificate. jo back no instructions UNFADING supplied terms. See plain should be carefully important. in CAUSE OF DEATH very -WRITE mation NOIL

STATE OF M	ARYLAND-CERT	TIFICATE OF DEATH 1152
1. PLACE OF DEATH		93-20
County Harford,		Registration Dist. No. 185
Village or City office de-	Greece, No.	St.
	(If death occurr	ed in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur	red/5_yrsmosds	How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Grant 8	, Stansburg,	If U. S. Veteran, specify WAR
(a) Residence: ND. 2/2 Rev	Letion - 1 st	Ward.
(Usi	ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGI	E, MARRIED, WHOWED, 21. DA	TE OF DEATH

y or town and State DEATH (Day) That I attended deceased from If LESS than to have occurred on the dete stated above, at 3 @. Days f dey, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. ff. Total time (years) spent in this occupation .. Other Contributory Causes of importance Name of operation. Whet test confirmed diegnosis? Wes there en eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_ Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Ward

(Yeer)

Date of onset

11.12.3 6

**f9. UNDERTAKER** (Address) B.

f7. INFORMANT

(Address)

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or perticuler

9, Industry or business in which

1Q. Dete deceesed last worked at this occupation (month and

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stete or country

18. BURIAL, CREMATION, OR REMOVA

15. MAIDEN NAME 221

(State or country)

12. BfRTHPLACE (city or town (State or country)

f3. NAME

kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_

work was done, as SILK MILL, SAW MILL, BANK, etc.....

Months

Years

(OF) WIFE of

7. AGE

OCCUPATION

FATHER

MOTHER

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Menner of injury

Neture of injury

if so, specify

(Signed)

24. Wes disease or injury in any way related to occupation of deceased

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Chronic interstitial nephritis 900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1000

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

JRD. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	5	P.	6)	Q
1	1	J	4	8

1. PLACE OF DEATH	186-54
County Herford	Registration Dist. No. 18
Village or City Cherdeen	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. If of foreign birth?yrsmosds,
2 1 11 11	
2. FULL NAME Mary & Walker	If U. S. Veteran, specify WAR
(a) Residence: No. May (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX:  4. COLOR OR RACE OR DIVORCED (write the word)  Tampel  Math	21. DATE OF DEATH 2007, 15 00 193 4
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That I attended deceased from
Jun Hany Julie	1930, to 2016, 1936
6. DATE OF BIRTH (month, day, end year)	I last flaw h 22 alive on 2007 1 2 19.5 4; death is said
7. AGE Yeers Months Deys If LESS than 1 dey,hrs	to heve occurred on the dete steted above, at let seem.  The PRINCIPAL CAUSE OF DEATH end related causes of importence
80 / ormin.	were es tollows:
8. Trede, protession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dete deceased lest worked et this accupation (month and seem to this accupation (month and seem).	Limiter Fell
9. Industry or business in which work wes done, es SILK MILL,	1 1 1 1 1
SAW MILL, BANK, etc	raporting Mulder hip
this occupetion (month end spent in this year)	1 24 24A
Val C. T	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)  (Stete or country).	
1	
E T	
[ 14. BIRTHPLACE (Étity or town) (State or country)	Neme ot operation Dete of What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME fara, Monroe.	23. It deeth was due to external ceuses (VIOLENCE) fill in also the toilowing:
E 0 0 t 7, 1 0	Accident, suicide, or homicide?
Stete or country)	Where did Injury occur?
17. INFORMANT Mrs. Alfen Diddle (Address)	. (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr. Zion Camely Date Nov 19th, 1974	Neture of Injury
110000000000000000000000000000000000000	
19. UNDERTAKER AGENTY Survey (Address)	24. Wes disease or injury in any wey related to accupation of decessed?
nous 26 OC miles	(Signed) M. D. M. D.
20. FILED 10019, 19 36 CC 01 Weller	(Address) & Gare the Strate Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLA

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	6-5-1
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
0 1 11 1	July 5, 1927	Peritonitis	1 week ago
DEC	0 10 10 10 10 10 10 10 10 10 10 10 10 10	20,000	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

1. PLACE OF DEATH		THE STATE OF BEATH	
County Harford		Registration Dist. No. 183	
Length of residence in city or town where death	d. Wal	No. St.,  f death occurred in a horpital or ignitution, give its NAME instead of street and numb  ds. How long In U.S. if of foreign birth? yrs. mos	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5.  Temple White 5.  5a. If married, widowed, or divorced	SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH  (Month)  (Day)	(Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Years  Months  Years  Months  Years  Months  Years  Now Yer, BOOKKEPER, etc.  9. Industry or business In which work was done, as STILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this programment) and this programment and this programment and the same programment	Palles  ne 23 1844  Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at	19 3 6 ath Is said te of onset  A.M.
SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) St Low	11. Total time (years) spont in this occupation  Wo.	Dther Coutributory Causes of Importance:	
(State or country)  13. NAME EVENEW Y.  14. BIRTHPLACE (city or town) More (State or country)  15. MAIDEN NAME Elya  16. BIRTHPLACE (city or town) (State or country)	Kellogg	Neme of operation Date of What test confirmed diegnosis? Was there an au'op:  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Dete of Injury,  Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) White Hall  18. BURIAL, CREMATION, DR REMOVAL Place (Address) (Address)	nd. Date Mor. 9, 1926	Manner of injury  Nature of injury  24. Wes disease or Injury In eny way related to occupation of deceased?	D
20. FILED NOV. 9 , 1936 Thos.	P. Brown Registrar. ks are needed, address State Resources	(Signed) Wellard P. Audson (Ardress) Forest Well, Drift 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	/ M. D

STATE OF MADVI AND—CEPTIFICATE OF DEATH

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 8	July 5, 1927	Peritonitis	3 days ago
	F-1-1-2-			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT REC properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. B.—WRITE PLAINLY, ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(91)
County Hanford,	Registration Dist. No. 185
Villago or City Have de Grace ned.	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.  If U.S. Veteran, specify WAR
(a) Residence: No. 617 Frankling (Uppai place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nule 1. Single, Married, Widowed, OR DIVORCED (write the word) Married  5a. If married, widowed, or divorced	21. DATE OF DEATH 17 (Day) (Year)
HUSBAND of (60) WHEE Of any a. Removsley.	22. I HEREBY CERTIFY, Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) Ture 14-18/61.	t last saw here alive on Zac. 17 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated abova, at 2.392 m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as Tyllows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jorda Reste Morreardites
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	artino Delavorio ya
10. Date deceased iast worked at this occupation (month and year)	Other Contributer Council invadence
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
I 13. NAME John Vacsto.	
13. NAME John Jacks.  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation
œl l	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Theodore O. Yacsko. (Address) Hurr de Grass rud.	Where did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bayonne 4. J. Day nov. 18, 1936,	Mannar of injury
19. UNDERTAKER Pennington Jon, (Address) Same Les Grace, ma	24. Was disease or injury in eny way related to occupation of daceasad?
20. FILED Class 17, 1936 6 Reeles J. Joley B. 2	(Signed) Charles Golley M. D (Address) Harse deffece / the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis R. C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1938	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year